

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF NINA SHAHIN, CPA	COURT CASE NUMBER Civ. No. 07-643-GMS-LPS
DEFENDANT DELAWARE OFFICE OF MANAGEMENT AND BUDGET	TYPE OF PROCESS OC
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JENNIFER W. DAVIS, DIRECTOR OF OMB ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) HASLET ARMORY, 122 WILLIAM PENN ST., DOVER, DE 19901 (Policy & Ext. Aff

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

NINA SHAHIN, CPA
103 SHINNECOCK RD.
DOVER, DE 19904

Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

3

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

PAUPER AND PRO SE CASE

2008 APR -9

U.S. DISTRICT COURT
DISTRICT OF DELAWARE

Signature of Attorney or other Originator requesting service on behalf of:

N. Shahin☒ PLAINTIFF
☐ DEFENDANTTELEPHONE NUMBER
(302) 678-1805DATE
2/11/2008**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk BF	Date 3-4-08
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I hereby certify and return that ☒ I have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Laura Gott, AS-3 (Administration)☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

SAME

Date of Service 4/4/08	Time 3:55 pm
Signature of U.S. Marshal or Deputy REY, J. G. 4007	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

100 miles round trip